



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Keles, Ahmet Ozlem  
Application No.: 10/816,714      Group Art Unit: 3732  
Filed: April 5, 2004      Examiner: Not Yet Assigned  
Confirmation No.: 1173  
For: Maxillary Molar Distalization Jig

CERTIFICATE OF MAILING OR TRANSMISSION	
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Date	Signature
Antoinette G. Giugliano	
Typed or printed name of person signing certificate	

TRANSMITTAL OF POWER OF ATTORNEY, REQUEST FOR CHANGE OF  
CORRESPONDENCE ADDRESS AND DOCKET NUMBER, AND  
REQUEST FOR CORRECTED FILING RECEIPT

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Sir:

Enclosed please find a Power of Attorney. The Power of Attorney includes a new correspondence address. Additionally, applicant's attorney requests that for the above-referenced case be changed to 0019.0002-000.

As such, the above-referenced application should be updated to reflect the:

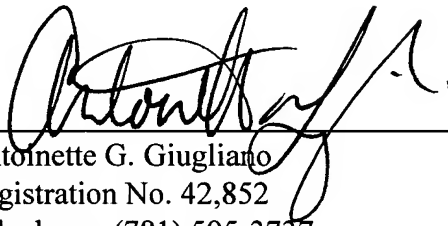
- 1) new correspondence address with customer No: 42,842,
- 2) the recently appointed attorney, and
- 2) the changed docket number.

Please provide a corrected Filing Receipt.

Please charge Deposit Account No. 50-3098 for any fees that may be due in this matter.

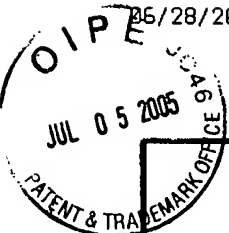
One additional copy of this document is enclosed for accounting purposes.

Respectfully submitted,

By   
Antonette G. Giugliano  
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Date: 6/29/05

**Antoinette G. Giugliano, P.C.****POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT AND  
CORRESPONDENCE ADDRESS**

Application Number	10/816,714
Filing Date	April 5, 2004
First Named Inventor	Keles, Ahmet Ozlem
Confirmation Number	1173
Group Art Unit	3732
Examiner Name	Not Yet Provided
Attorney Docket Number	0019.0002-000

**Title** Maxillary Molar Distalization Jig

I/We hereby appoint

☐ the attorneys/agents associated with☒ Practitioner(s) named below:

Antoinette G. Giugliano, Esq. (Registration No.: 42,582)

as my/our attorneys/agents to prosecute the application identified above, including any continuation or divisional applications thereof, and to transact all business in the United States Patent and Trademark Office connected therewith.

The correspondence address for the above-identified application is:

☒ Customer No.: 42,842, which is associated with the following address:

Antoinette G. Giugliano, P.C.

390 Salem Street

Lynnfield, Massachusetts 01940

☐ Other \_\_\_\_\_

Please direct all telephone calls and facsimiles to:

Name Antoinette G. Giugliano Tel. No. 781-595-3737 Fax No. 781-593-7907

I am the:

☒ Applicant/Inventor.☐ Authorized representative of the Assignee, [ ], of the entire interest. See 37 C.F.R. § 3.71. A Statement under 37 C.F.R. § 3.73(b) is enclosed.☐ Authorized representative of the Assignee, [ ], together with [ ], of the entire interest. A Statement under 37 C.F.R. § 3.73(b) is enclosed.**SIGNATURE of Applicant or Assignee of Record**

Name & Title	Ahmet O. Keles
Signature	
Date	06-29-2005